

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000017904

1. Entity Name

USA CONSTRUCTION, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90073 013 ***158.75

Principal Place of Business

Mailing Address

3501 N.E. 10TH STREET
OCALA FL 34470

3501 N.E. 10TH STREET
OCALA FL 34471-2563

2. Principal Place of Business

3. Mailing Address

2233 SE FT. KING ST. 2233 SE. FT KING ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OCALA, FL

OCALA, FL

Zip

Country

Zip

Country

34471 USA

34471

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLAUSS, EMERSON J III
5510 SE 17TH ST.
OCALA FL 34471

Name EMERSON J. CLAUSS III

Street Address (P.O. Box Number is Not Acceptable)
3365 S.E. 1ST AVE

City Ocala

FL

Zip Code 34471

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *J. Clauss III*, PRESIDENT

1-5-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution. **Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME CLAUSS, EMERSON J III
STREET ADDRESS 5510 SE 17TH ST.
CITY-ST-ZIP Ocala FL 34471

TITLE PT ☒ Change ☐ Addition
NAME EMERSON J. CLAUSS III
STREET ADDRESS 3365 S.E. 1ST AVE.
CITY-ST-ZIP Ocala, FL 34471

TITLE VS ☐ Delete
NAME CLAUSS, SUSAN
STREET ADDRESS 5510 SE 17TH ST.
CITY-ST-ZIP Ocala FL 34471

TITLE VS ☒ Change ☐ Addition
NAME SUSAN CLAUSS
STREET ADDRESS 3365 S.E. 1ST AVE.
CITY-ST-ZIP Ocala, FL 34471

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. Clauss III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-2000 (352) 629 8922

CR2E034 (9/99)